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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/14/20

NAME:

LOGICTRAN INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVERLETTER

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TO: Registration Section Division of Corporations LOGICTRAN INC Name of corporation - must include suff	, ·
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Registration Corporation	Business in Che
TO: Registion of CICTRAN INC Name of colpe	Transact Bus 10 register
LOGIC 1. Na.	Transact to regular submitted submitted to regular submitted
TO: Registration Section Division of Corporations SUBJECT: LOGICTRAN INC Name of corporation - must include suff Name of corporation for Authorization to Standing and check The enclosed "Application by Foreign Corporation Standing in Florida. The enclosed "Application by "Certificate of Good Standing in Florida. "Certificate of Existence," or "Certificate transact business in Florida. "Certificate of Existence," or "Certificate transact business in Florida. "Certificate of Existence," or "Certificate of Good Standing in Florida. "Certificate of Ferson corporation to transact business in Florida. "Certificate of Ferson corporation to transact business in Florida." "Name of Person Name of Person	kan Fort
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Dear Sir or Madam: Dear Sir or Madam: Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorn Florida." The enclosed "Application by Foreign Corporation to transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of Good Standing Florida. "Certificate of Existence," or "Certificate of Good Standing Florida. "Certificate of Existence," or "Certificate of Good Standing Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Certificate of Existence," or "Certificate of transact business in Florida. "Name of Person Name of Person Nam	ing:
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORILE. FOMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO USTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. OMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. er name of corporation: must include "INCORPORATED." "COMPANY." "Corp.") """Corp." "Inc." "Corp." e unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida r name of corporation; must include "INC") " "Corp." "Inc." "Co." or "Corp.") " "Co." PGICTRAN, INC. are or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (Date first transacted business in Florida, if prior to registration) (Date first transacted business in Florida, if prior to registration) (Date first transacted business in Florida, if prior to registration) (Date first transacted business in Florida, if prior to registration) (Date first transacted business in Florida. If prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Duc of incorporation) 12312000 (Principal office street address) 50 W Southwinds Blvd APT 110. Vero Beach, FL 32963 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 32963 1250 W Southwinds Blvd APT 110 9. Registered agent's acceptance: Having been named as registered agent accept the annointment as registered agent and to accept service of process for the accept service of the accept Name: Having been named as registered agent and to accept service of process for the appointment as registered. I hereby accept the appointment as relative to the provisions of all statutes relative to the provisions of all statutes relative further agree to comply with the provisions of all statutes. Office Address: designated in this application, I hereby accept the appointment as registered to the provisions of all statutes relative to reasing further agree to comply with the provisions of my position as reasing further agree to comply and account the obligations of my position account the obligations of my positions of my position account the obligations of my positions of my p further agree to comply with the provisions of all statutes relative to the provisions of my position as regional to the provisions of all statutes relative to the provision as regional to the provisions of all statutes relative to the provisions of all statutes regional to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes regions are regional to the provision of the provisio 9. Registered agent's acceptance: (Registered agent's sign 10. Attached is a certificate of existence duly authenticate the Popularior of Cristo has the Continuor of Cristo Or other Documents of Cristo has the Continuor of Cristo Or other Documents of Cristo has the Continuor of Cristo Or other Documents of Cristo has the Continuor of Cristo Or other Documents of Cristo Documents of Cristo Or other Documents of Cristo O the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State or other than the Department of State, by the Secretary of State, under the law of which it is incorporated. name titles and addresses of the primary o.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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ate or country	under the law of which it is incorporated)	(FEI number, if app	licable)	707 <u>0</u>
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	(Principal office	street address)	72	
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ame and stree Name: ice Address: Registered agving been nanignated in thi	(Principal office (Current mailing a et address of Florida registered agent: (P.O.) Chris Hector 1250 W Southwinds Blvd APT 110 Vero Beach, FL 32963	Box NOT acceptable) , Florida 32963 (Zip code) e of process for the above states and agree to the proper and complete to the proper and compl	l corpora	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

DIRECTORS

T						
Chairman	Name: Chris Hector	Chairman	Name: Necip O Guney			
□Vice Chairman	Address: 1250 W Southwinds Bivd APT 110	□Vice Chairman	Address: 2235 Xene Ln N			
□Director	Vero Beach, FL 32963	□Director	Plymouth, MN 55447			
□President		☑ President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
Other	Other	□Other	Other			
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	SSER FLORIDA			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or						
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						

Chris Hector, Chairman

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

LOGICTRAN, INC.

05/23/2000

File Number:

Date Filed:

11E-424

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/14/2020



Steve Pimm

Steve Simon

Secretary of State State of Minnesota